STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY:  TEXAS

Requirements for Third Party Liability
Identifying Liable Resources

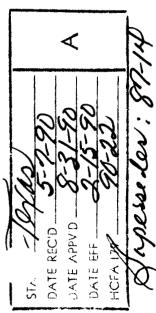| | |
|---|---|
| 809 | Ill-defined fractures of bones of trunk |
| 817 | Multiple fractures of hand bones |
| 818 | Ill-defined fractures of upper limb |
| 827 | Other, multiple, and ill-defined fractures of lower limb |
| 828 | Multiple fractures involving both lower limbs, lower with upper limb, and lower limb(s) with rib(s) and sternum |
| 830 | Dislocation of jaw |
| 831 | Dislocation of shoulder |
| 832 | Dislocation of elbow |
| 833 | Dislocation of wrist |
| 834 | Dislocation of finger |
| 837 | Dislocation of ankle |
| 838 | Dislocation of foot |
| 841 | Sprains and strains of elbow and forearm |

(2)   Section 433.138(g)(1)(i) -- Within 45 days from the date the data exchange is received, or as otherwise specified in 42 CFR 435.952(d), the Texas Medicaid Agency follows up (if appropriate) on such information in order to identify legally liable third party resources and incorporates such information into the eligibility case file and into its third party data base and third party recovery unit so that claims may be processed under the third party liability payment procedures specified in 433.139(b) through (f).

The Texas Medicaid Agency is apprised of potential third party resources from various sources, such as the tape matches conducted under the Income Eligibility Verification System (IEVS) regulation. This data is used to identify legally liable third party resources. Information regarding third party resources is incorporated into the eligibility case file.  A monitoring system is used to track the completion of referrals sent to caseworkers from the required IEVS tape matches.

Section 433.138(g)(2)(i) -- Within 60 days, the Texas Medicaid Agency will follow up on health insurance and workers' compensation data exchange information (as appropriate) in order to identify legally liable third party resources and incorporate this information in to the eligibility case file and into its third party data base and third party recovery unit so the agency may process claims under the

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third party liability payment procedures specified in 433.139(b) through (f).

All health insurance updates are entered into the cost avoidance claims processing system within ten (10) work days of receipt and into the third party post payment recovery system monthly.

(3)     Section 433.138(d)(4)(ii) -- Documentation has been submitted to HCFA Regional Office VI that demonstrates the agency has made reasonable attempts to perform a match with the State Motor Vehicle Accident Report files that are maintained by DPS.  No match is conducted with the State Motor Vehicle Accident Report file because neither names nor SSNs are maintained by DPS for conducting such a match.

(4)     Section 433.138(e) -- On a monthly basis the State follows up on paid claims for Medicaid recipients that contain diagnosis codes noted on List A in Section 433.138(e) of this attachment, by mailing the recipient or guardian a liability questionnaire.  A control log of returns is maintained so that caseworker follow-up can be initiated on non-responses.  When a case with a probable existence of third party liability is established, any lacking data is developed through research, an additional recipient questionnaire, or caseworker intervention.

The cost avoidance claims processing system is updated within ten (10) work days of the receipt of adequate data if third party benefits are available to pay the recipient's medical expenses.  Post payment recovery files are opened within 10 days of the development of adequate data to send out a notice of subrogation.  The predominant trauma codes associated with subsequent post payment collections are logged.  Annually, those trauma codes that yield the highest third party collections are identified so that they may be given priority in follow-up.

Within sixty (60) days of paying a claim of $100.00 or more containing a trauma diagnosis code documented on List A, a questionnaire is sent to the Medicaid recipient for information on any liable third party.  If no response is received within thirty (30) days of the date of the recipient inquiry, a second referral is sent to secure details on any liable third party.

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(c)   Section 433.139(b)(3)(ii)(A) -- Individuals on whose behalf medical child
support enforcement is being carried out by the State Title IV-D agency
are entered into the third party data base with a unique source code "D"
or "V".  Providers are not required to bill the third party for these
individuals.  When the State Medicaid Agency pays the full amount allowed
for a claim under its payment schedule and the provider has not billed a
third party, the Agency seeks reimbursement from the third party in
accordance with procedures specified in Section 433.139(d) through (f).

For situations when the provider does bill a third party before billing
Medicaid in cases where the third party liability is derived from a parent
whose obligation to pay support is being enforced by the State Title IV-
D agency, the provider must indicate that the third party has been billed
and certify that he has not received payment within 30 days after the date
of service or indicate a payment or denial from the third party.  When the
State Medicaid agency pays the full amount allowed for a claim under its
payment schedule because the provider certified he did not receive payment
within 30 days after the date of service, the Agency seeks reimbursement
from the third party in accordance with procedures specified in Section
433.139 (d) through (f).

STATE _Texas_
DATE REC'D _5-7-90_
DATE APPV'D _8-31-90_    A
DATE EFF _2-15-90_
HCFA 179 _90-22_

_Superseded: None - New Page_

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: TEXAS

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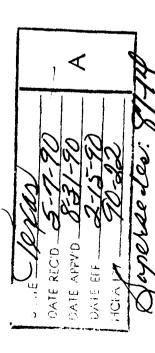(a)  The Medicaid agency meets all requirements of 42 CFR 433.138 and 433.139.

(b)  (1)  Section 433.138(d)(1) -- The responsibilities of the State Wage Information Collection Agency (SWICA) as defined in Section 435.4 of this chapter are administered by the Texas Employment Commission (TEC). The State Medicaid eligibility data base is matched against the TEC wage file on a quarterly basis and against the TEC monthly unemployment pay file on a monthly basis. Medicaid accretions that occur between the quarterly scheduling are run twice monthly against the TEC files. Special worker initiated wage and unemployment inquiries are run against the TEC files on a weekly basis. Medicaid eligibility files are matched monthly against the Social Security Administration (SSA) wage and earnings files as specified in Section 435.948(a)(2) of this chapter. The TEC and SSA matches provide information on Medicaid recipients that are employed and their employers. These matches include employed absent or custodial parents of recipients and their employers.

Section 433.138(d)(3) -- The Texas State IV-A Program determines Title XIX eligibility and secures information on Medicaid recipients that are employed and their employer(s) on a continuous basis.

Section 433.138(d)(4)(i) -- The State Workers' Compensation or Industrial Accident Commission files are maintained by the Texas Industrial Accident Board (TIAB). A monthly match by Medicaid with TIAB is performed of Medicaid recipients and absent or custodial parents of Medicaid recipients.

Section 433.138(d)(4)(ii) -- Documentation has been submitted to HCFA Regional Office VI that demonstrates the agency has made a reasonable attempt to perform a match with the State Motor Vehicle Accident Report files that are maintained by the Texas Department of Public Safety (DPS). No match is conducted with the State Motor Vehicle Accident Report files because neither the names nor the social security numbers (SSNs) are maintained by the DPS for conducting such a match.

Section 433.138(e) -- The Texas Medicaid agency takes action monthly to identify paid claims of $100.00 or more for Medicaid recipients

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that contain the following diagnosis codes (International Classification of Diseases, Ninth Revision, Clinical Modification, Volume 1):  (See List A below)

## LIST A
Trauma Diagnosis Codes

| | | | |
|---|---|---|---|
| 80000 thru 80899 | 88101 | 92120 | 94320 |
| 81000 thru 81613 | 88110 | 92210 | 94522 |
| 81900 thru 82610 | 88400 | 92230 | 94536 |
| 82900 thru 82910 | 88500 | 92300 | 94630 |
| 83500 thru 83669 | 88510 | 92310 | 95205 |
| 83900 thru 84090 | 88600 | 92311 | 95290 |
| 84200 thru 86910 | 88700 | 92380 | 95690 |
| 87000 | 88730 | 92390 | 95840 |
| 87040 | 89100 | 92401 | 95900 |
| 87080 | 89110 | 92410 | 95910 |
| 87140 | 89120 | 92411 | 95930 |
| 87280 | 89500 | 92420 | 95970 |
| 87300 | 89700 | 92450 | 95980 |
| 87310 | 89720 | 92480 | 95990 |
| 87340 | 90100 | 92490 | 96490 |
| 87341 | 90400 | 92700 | 96900 |
| 87342 | 90670 | 92710 | 97240 |
| 87349 | 91000 | 92730 | 97790 |
| 87380 | 91100 | 92820 | 98030 |
| 87635 | 91200 | 92890 | 98490 |
| 87700 | 91300 | 93090 | 98600 |
| 87960 | 91680 | 93800 | 99210 |
| 87980 | 91900 | 94117 | 99410 |
| 88100 | 92000 | 94222 | 99760 |

List A contains all trauma diagnosis codes which produced a recovery between May 1, 1987, through August 31, 1989.  For codes in the range 870 through 999, all trauma diagnosis codes which did not produce a recovery during that period are excluded.  For codes in the range 800 through 869, only the following trauma diagnosis codes which did not produce a recovery during that period are excluded: